



Underground Storage Tank Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklist is required for the activity above. This checklist certifies the Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ Site ID Number: _____
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: _____

Site Address: _____
Street County

City State Zip+4 (required)

Telephone: _____

UST Owner/Operator: _____

Mailing Address: _____
Street P.O. Box

City State Zip+4 (required)

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: _____

Service Co. Address: _____
Street

City State Zip+4 (required)

Certified Supervisor: _____

Address: _____
Street P.O. Box

City State Zip+4 (required)

ICBO Certification Number: _____ Certification Issue Date (Month/Year): _____

Telephone: _____

Ecology is an equal opportunity employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
1-(800) 833-6388 or 711 (TTY)

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655**

Please Read Carefully

Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page. Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology.

Cover Sheet

Site and Owner Information

Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the Master Business License. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information

List the firm performing the work as well as the Certified Supervisor's name and Certification Number.

The **Cathodic Protection Checklist** shall be completed and signed by an ICBO Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all Cathodic Protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Please Note: Individuals performing services MUST be certified by the International Code of Building Officials (ICBO), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Northwest
(206) 649-7000

Southwest
(360) 407-6300

Central
(509) 574-2490

Eastern
(509) 329-3400

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Underground Storage Tank

Cathodic Protection Checklist

Site ID # _____
Site Address _____
City _____

The information provided in this section should reflect the UST system after the completion of cathodic protection installation or retrofit. Provide the following information for each tank that is cathodically protected with impressed current or sacrificial anodes. For more than four UST systems, you may photocopy this form prior to completing.

I. UST SYSTEM INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Year tank installed				
3. Tank capacity in gallons				
4. Tank material				
5. Tank coating				
6. Piping construction material				
7. Piping coatings				
8. Year cathodic protection installed				

II. CATHODIC PROTECTION INFORMATION

	Tank 1	Tank 2	Tank 3	Tank 4
1. Type of Cathodic Protection (check box)				
Sacrificial Anode (Galvanic)				
Impressed Current				
Check Box(es)				
2. Type of cathodic protection activity performed				
• Installation of new cathodic protection system				
• Retrofitting of existing cathodic protection system				
• Repair of existing cathodic protection system				
• Testing				
Other (describe in space below)				
3. Completion date of activity checked above				

Site ID # _____
Site Address _____
City _____

Cathodic Protection Checklist (continued)

The following items shall be *initialed* by the Certified Supervisor whose signature appears below.

All of the following items shall be initialed when cathodic protection systems are installed or retrofitted.

When cathodic protection testing is done solely to evaluate the performance of existing cathodic protection systems on existing UST installations only items **10, 11 and 12** are required to be initialed.

III. CATHODIC PROTECTION INSTALLATION/RETROFITTING

- | | Yes | No | NA* |
|--|--------------------------|--------------------------|--------------------------|
| 1. If field-installed, has the cathodic protection system been designed by a person who is: 1) accredited or certified as being qualified by the National Association of Corrosion Engineers or 2) is a registered professional engineer who has certification or licensing that includes education and experience in corrosion control of buried or submerged metal piping systems and metal tanks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the size, type, location and installation of tank and piping anodes in the completed installation/retrofit as specified in the design plans and specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have all existing anodes, anode connections and test leads been inspected and any required repairs or replacements been made? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. For impressed current systems, does the installed rectifier meet design specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For impressed current systems, has the rectifier been installed per code and manufacturer's requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the electrical connections between system components per code and design specifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have provisions been made for testing cathodic protection systems or tanks(s) and piping as specified in WAC 173-360-305? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the cathodic protection system installation/retrofit been tested after being energized according to applicable criteria in the National Association of Corrosion Engineers Standard RP-02-85? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the owner/operator been provided with written documentation of the cathodic protection system installation/retrofit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cathodic Protection Testing

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 10. Have all cathodic protection systems on tank(s) and piping been tested and inspected and determined to be properly operating according to applicable criteria in National Association of Corrosion Engineers Standard RP-02-85? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the owner/operator been provided with written documentation of the results of the cathodic protection system inspection and testing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. List millivolt reading for each tank. Tank #1 _____ Tank #2 _____ Tank #3 _____ Tank #4 _____ | | | |

IV. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor responsible for the above listed cathodic protection activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

_____ Date	_____ Signature of Certified Supervisor	_____ Print or Type Name
_____ Date	_____ Signature of Tank Owner or Authorized Representative	_____ Print or Type Name

* Item not applicable
ECY 070-70 (03/03)

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)